August 6, 2024

American Family Connect Property and Casualty Insurance Company
American Family Connect Insurance Company
6000 American Parkway
Madison, WI 53783-0001

Rene Apelo
Flora Tarcila E Apelo
140 MIRROR CT
PATTERSON, CA 95363-8304

Policy Number: BX11220080
Policy Type: AUTOMOBILE

Dear Rene Apelo:

Your auto insurance policy has been revised due to a change made to your policy.

The enclosed declaration page shows the effective date of the change for your current policy, as well as your coverages and premium information.

If you have any questions, please call our Client Service department at 1-888-404-5365. Our associates are able to assist you Monday through Friday from 7 a.m. to 10 p.m. and Saturday from 8:30 a.m. to 7 p.m. Central time. Our online service center also offers a variety of tools and resources to help you manage your policy. Visit connectbyamfam.com/costco to get started.

We appreciate your business and look forward to continuing to serve your insurance needs.

Sincerely,

The Customer Care Team
American Family Connect Property and Casualty Insurance Company

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AMENDED DECLARATION
POLICY CHANGE OF EFFECTIVE DATE IS 07/15/2024

CALIFORNIA
POLICY NUMBER: **BX11220080**
POLICY PERIOD: **07/15/2024 - 01/15/2025**
12:01 AM Standard Time

LAPSE IN COVERAGE: **NONE**

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FOR CLAIMS SERVICE CALL:
1-888-404-5365
FOR CLIENT SERVICE CALL:
1-888-404-5365

COVERAGE/LIMIT	1 2007 SUBA B9 TRIBECA	3 2021 SUBA ASCENT PREM	
BODILY INJURY LIABILITY $100,000 EACH PERSON $300,000 EACH ACCIDENT	**$123.00**	**$175.00**	
PROPERTY DAMAGE LIABILITY $100,000 EACH ACCIDENT	**INCL**	**INCL**	
MEDICAL EXPENSE - EXCESS COVERAGE $5,000 EACH PERSON	**INCL**	**INCL**	
UNINSURED MOTORIST BODILY INJURY $100,000 EACH PERSON $300,000 EACH ACCIDENT	**$44.00**	**$76.00**	
UNINSURED MOTORIST PROPERTY DAMAGE CAR 1-WAIVER OF COLLISION DEDUCTIBLE CAR 3-WAIVER OF COLLISION DEDUCTIBLE	**$1.00**	**$1.00**	
COLLISION DEDUCTIBLES CAR 1-$500 3-$500	**$43.00**	**$259.00**	
COMPREHENSIVE DEDUCTIBLES CAR 1-$100 3-$100	**$36.00**	**$159.00**	
TOWING AND LABOR COSTS $75 PER DISABLEMENT	**INCL**	**INCL**	
RENTAL EXPENSE $30 PER DAY/$900 PER OCCURRENCE	**$3.00**	**$15.00**	
CONSOLIDATED VEHICLE ASSESSMENT FEE	**$0.87**	**$0.87**	
TOTAL SEMIANNUAL PREMIUM PER VEHICLE	**$250.87**	**$685.87**	

TOTAL SEMIANNUAL PREMIUM ALL VEHICLES - $936.74

Coverage is provided only when both a premium and limit are shown.

DRIVER INFORMATION

1. Rene Apelo
2. Flora Tarcila E Apelo
3.
4.
5.
6.

CAR INFORMATION — CARS KEPT AT LOCATION OTHER THAN RESIDENCE

2007	SUBA	4S4WX85D974403599
2021	SUBA	4S4WMAFD1M3462209

YOUR POLICY HAS THE FOLLOWING DISCOUNTS:

MULTI-CAR, PREMIER SAFETY, FULL COVERAGE, FULL PAYMENT PLAN, COSTCO

2007 SUBA - GOOD DRIVER, ANTI-THEFT DEVICE, DUAL AND SIDE AIRBAGS
2021 SUBA - GOOD DRIVER, ANTI-THEFT DEVICE, DUAL AND SIDE AIRBAGS

YOUR POLICY HAS THE FOLLOWING ENDORSEMENTS:

AMENDATORY ENDORSEMENT
SPECIAL EQUIPMENT/CUSTOMIZATION: NONE

LIENHOLDER INFORMATION

LIENHOLDER - 2021 SUBA ASCENT PREMIUM AWD
Jpmorgan Chase Bank, NA, PO Box 80015, Atlanta, GA 30366

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Policy Number: BX11220080

California Mileage Verification

In accordance with Section 2632.5 (c)(2)(B)(i) of the California Code of Regulations

Name: Rene Apelo
Flora Tarcila E Apelo

Please fill out the Current Odometer Reading and Total Annual Mileage columns for each vehicle listed below. Sign, date and return the completed form to us within 30 days.

Vehicle Year/Make/Model	VIN	Current Odometer Reading	Total Annual Mileage
2007/SUBA/B9 TRIBECA	4S4WX85D974403599	☐☐☐,☐☐☐.0	☐☐☐,☐☐☐.0
2021/SUBA/ASCENT PREM	4S4WMAFD1M3462209	☐☐☐,☐☐☐.0	☐☐☐,☐☐☐.0
/ /		☐☐☐,☐☐☐.0	☐☐☐,☐☐☐.0
/ /		☐☐☐,☐☐☐.0	☐☐☐,☐☐☐.0
/ /		☐☐☐,☐☐☐.0	☐☐☐,☐☐☐.0
/ /		☐☐☐,☐☐☐.0	☐☐☐,☐☐☐.0

Use **one** of the following options to provide your mileage information:

- Upload: Go to connectbyamfam.com/CAMiles (or scan the QR code). Access your auto policy and select “Upload Documents” from the Documents tab.
- Mail: American Family Connect Property and Casualty Insurance Company, P.O. Box 77093, Madison, WI 53707-1093.

I certify that the information provided to validate my mileage is accurate to the best of my knowledge. If I do not provide the requested information **within 30 days**, my mileage may default, which may result in an increase in premium.

I understand that I may be asked for additional documentation to substantiate my mileage estimate and that I may be charged additional premium for a policy term if a vehicle's actual annual mileage is greater than what I listed. I understand that I will need to update mileage upon subsequent renewals.

Signature (required)

Date

This form is not a renewal offer.

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Important information about your insurance coverage

Fraud Notice

FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES WE COMMUNICATE THE FOLLOWING INFORMATION:

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

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